PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

of OCCUPA.

Exact statement

	OF DEATH		Registration Dist. No. 290
County_	0 1	***************************************	() () () () () () () () () ()
Village or	city Gaston		No. Comet general Yorkall St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of re	esidence io city or town when	re death occurredyrsm	los. /-/-ds. How long in U.S. if of foreign blrth?yrsmos
2. FULL N	AME Deut.	allison	If U.S. Veteran specify WAR
(a) Resid	onco No Dallas	1 marulan	St. Ward.
CO NOSIU	cinco. Ito.	(Usual place of abode)	If nonresident give city or town and State
		STICAL PARTICULĂRS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Your 3 193 6 (Year)
5a. If married, wid	owed, or divorced		(mand) (ba)) (real)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY That I attended deceased f
			- UCC 26 1936, to 1/04 3 , 193
	H (month, day, and year)	unknown	i last saw hasse elive on 11 100 5 , death is
7. AGE	ears Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, at 2.2.31.Q.m.
- wy	34	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of or
8. Trade, pro	fession, or particular f work done, as SPINNER,	8.01	
SAWY	ER, BOOKKEEPER, etc.	Xailor	aciele Delelahon / Nous
9. Industry o	r business in which was done, as SILK MILL, MILL, BANK, etc		O few l
	AILL, BANK, etcased last worked at	11. Total time (years)	
	cupation (month and 1.0/	16/36 spent in this occupation	/
, ,,,,,		730	Other Contributory Causes of importance:
12. BIRTHPLACE (State or c		Music	en carte
1	7	pra	- My Mules Regues allan
13. NAME	lui	Bulling	Dybules
	CE (city or town)	<i>s</i>	Neme of operation Dete of
r (State	or country)	B	What test confirmed diagnosis? Clause al. Was there en autopsy? 2
I 15. MAIDEN	NAME Me	buou	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLA	CE (city or town)	1/	Accident, suicide, or homicide? Date of Injury, 19
∑ (State	or country)	00	Where did injury occur?
17. INFORMANT (Address)	Charles	doublegime	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	ATION, OR REMOVAL	Jad 11/11	Manner of Injury
PlaceL	rappe Vala	1 Mate /// 1930	Nature of injury
TO HADEDTAYED	Ans. W.	201160	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	JAIN. AT.	The Man	If so, specify
		THE THE	
20. FILED 1/	11 molal	Tive of S	(Signed) Letter

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Brampies.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 7 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	110	Run over by street car	1 week ago
Corona nemoninage ,	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VI)	ry item of infor- NS should state nt of OCCUPA-
NDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ARGIN RESERVED FOR BINDING	IIS IS A PER be stated E I be properly c of certificate.
RESERVE	AGE Should AGE should that it may lions on back
AARGIN	WITH UNFADI fully supplied. n plain terms, so nt. See instruct
	.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Talbot	Registration Dist. No. 29/
Village or City III Michaels	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
7. = '00 . 11 0 .0.	no eletrone
At A " I I	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 2 1936 (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Maranet Bembury	22. OF HEREBY CERTIFY Thet lattended deceased from
9 , 9, 9	I last saw h Assessive on Mov 2 1936; death is said
5. DATE OF BIRTH (month, day, and year) from 4, 1000 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 30A m.
68 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	01 . 97 // + 2
kind of work done, as SPtNNER, Carpenter SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and spant in this	Mome repundes
10. Date deceased last worked at this occupation month and year) 11. Total time (years) spant in this occupation coupation	
12. BIRTHPLACE (cit for town) Jalbot Co	Other Contributory Couses of importance:
(State or country)	Thurs regargilation
13. NAME - 5	(/ /
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed dlagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marguet Bailey (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Trichards Date Mon 4, 1936	Manner of injury
19. UNDERTAKER Newmann + Afairson (Address) St. Michaely Inda	24. Was disease or injury in any way related to occupation of deceased? 220
20, FILED How 3 , 1936 John Howwall Registrar.	(Signed) St Michaels and,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	W 5 - 1 -
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11/13
1. PLACE OF BEATH	(31) (X)
County Talbot County.	Registration Dist. No. 290
Village or City Easton md	No. Carriera en cu Hospital St., Ward death occurred in a hospital prinsitution give its NAME instead of street and number)
Length of residence in the or town where death occurredyrsmos.	
2. FULL NAME MB. Herbert 1 Scall	If U.S. Veteran specify WAR
(Usual place of abode)	St., Ward. Galungton 1)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Quay 24 1858 7. AGE Years Months Days If LESS than 1 day,	I last saw h_i _a alive on
78 2 2 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and spent in this	Chronic Jaronahymatons
work was dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	The state of the s
this occupation (month and spant in this occupation occupation	Other Contributory Causes of Importence;
12. BIRTHPLACE (city or town) Many Land (State or country)	
# 13. NAME alexander Evan Boall	
13. NAME Cleyander twan Deall 14. BIRTHPLACE (city or town) Ward Lund (State or country)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an eutopsy? 2749
# 15. MAIDEN NAME Margaret & Willis	23. If death was dua to axternal causas (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Wargard & Wellis 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Quit ander & Beall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 11 16 136	Manner of injury
19. UNDERTAKER James Spierler (Address)	24. Was disaasa or Injury In any way related to occupation of dacaased? 220
20. FILED 11/14, 136 M. St. News	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E E S E S E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	j

V. S. No. 1

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12270)
County Talbat	Registration Dist. No. 2.90
Village or City Gaston	No. Comergency Hospital St., Ward
Length of cerdence in city or lown where deeth occurredyrsmos.	death occurred in a horping or institution give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
FULL NAME Man Comma Dennet	If U.S. Veteran epecify WAR.
(a) Residence: No. Chestoutown, md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH May 24 , 193 (g. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSDAND of	-22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mr. Morgan V. Bennell	Mar. 1 ,1936,10 Mar. 24 ,1936
6. DATE OF BIRTH (month, day, end yeer) Qcf. 4, 1905	I last saw h_ew_elive on_New_24, 19.66_; deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the dete stated above, at
3/ 1 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Allelia properation
9. Industry or business in which	The second of the second
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupation (month end year)	
0 9 0 10	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Hervia umbelier 1934
13. NAME Clellow L. Jarrell	0/
13. NAME (left or description) 14. BIRTHPLACE (cit or town) 15. Control of town)	Name of operation of mustan lumbal coper of 1/2/36
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME Elizabeth Snitcher 16. BIRTHPLACE (city or town) 2. Co. Co. (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or toyn) 2 0 Co	Accident, suicide, or homicide? Date of Injury, I9
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LANGUE ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMOATION, OR REMOVAL	Manner of injury
Place thesley, md Date 1/20, 1936	Nature of injury
19. UNDERTAKER Kalph N. Kisilton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chesterton, Md.	If so, specify
20. FILEO 11/2 4 , 19 36 M. Merres	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis - 7 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The property S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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TO TOTAL TOTAL OF	BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT IS ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ficate.
4	SIS	sta	pro	cert
1	HIS	be	pe.	Jo .
STREET, THE PROPERTY OF A STREET, AND A STRE	, WITH UNFADING INK-TI	refully supplied. AGE should	I in plain terms, so that it may	TTON is very important. See instructions on back of certificate.
T. 700. T	BWRITE PLANLY,	mation should be cal	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11715
1. PLACE OF DEATH	(2,p-m)
County Talbot on Public road	Registration Dist. No. 291
Village or City near St Brichaela Such	No. St., Ward
Length of residence in city or town where death occurred 4-0 yrs, mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Benett	
(a) Residence: No Boman ha	St., Ward.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH LOV 2 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That I attended deceased from 1936 to Nov 2/1936
6. DATE OF BIRTH (month, day, and year) 19cT 15' 1883	Liest cour h glive on 19 death le seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 630 pm.
573 / 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 /
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the company). Spent in this	thetomobile acadeur
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	Fractured stull 4 both ly
12. BIRTHPLACE (city or town) Jallot Co	Other Contributory Causes of importance: Outomobile recident, occurring on State Road Setween
(State or country)	At michaela " Mc Daviel, Islot County, mayland,
13. NAME Office (City or town) Trappe	November 21 st. 1936. Cuff R.
14. BIRTHPLACE (city or town) Trappe (State or country)	Name of operation Date of What test confirmed diagnosis? Was thera an au'opsy? Plo
15. MAIDEN NAME Mary ann Thomas	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME May and Thomas 16. BIRTHPLACE (city or town) Juspie (State or country)	Accident, suicide, or homicide? Assident. Date of Injury Now Hat, 1936. Where did injury occur? Mr. A. Mishaels, Fallatlown, maryland.
17. INFORMANT of A. Harrison (Address) It muchaela me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in fashir flore an State Road.
18. BURIAL, CREMATION, OR REMOVAL Place Boy man indoate hove. 25, 1936	Manner of injury
19. UNDERTAKER Newmann & Harrison	24. Was diseasa or injury In any way related to occupation of deceased?
20, FILED Nov 23, 1936 John Huwales	(Signad) St. Michaels, M.D. (Address) St. Michaels, M.D.
O Local Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	diyu da	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Controlores	Mag 1,1020	Casagements	1 year

PHYSICIANS should state Every item of infor-

UNFADING INK-THIS IS A PERMANENT REC

ARGIN RESERVED FOR BINDING

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

-WRITE PLAIN

V.S. No. 1

Exact statement of OCCUPA-

1. PLACE OF DEATH	93-2
County deval	Registration Dist. No. 241
Village Dr City 1100 When the City City City City City City City City	ND. St, W f death occurred in a hospital or institution, give its NAME instead of street and number) s. 4. How long In U.S. i1 o1 loreign birth? yrs. mos.
2. FULL NAME Sabella Drot	ke If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Semale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year
a. 11 married, wildowed, or diverged HUSBAND of (or) WIFE of Navid Prooks	22. HEREBY CERTIFY That I attended deceased
DATE OF BIRTH (month, day, and year) July 3-1854	I last sw holen alive on
. AGE Years Months Days II LESS than	to heve occurred on the date stated above, et a fall m.
82 4 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as Tollows:
8. Trade, profession, or particular kind of work done as SPINNER	Christing.
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc 9. Industry or business In which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Myreardus 10/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and) (14. Total time (years) spent in this	-
this occupation (month and year) spent in this occupation.	
2. BIRTHPLACE (city or town) Manual P	Other Cantribatory Causes of importance:
(State or country)	
13. NAME Www. Stooks 14. BIRTHPLACE (city or town) Harefly and	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Lewrietth Daughto 16. BIRTHPLACE (city or town) - African Country)	23. I1 death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where dld injury occur?
17. INFORMANT Mrs Clou Ruruell (Address) 724h	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Of Journ Mendon Date 11/24 1936	Nature of injury
19. UNDERTAKED ALGO COMPANY (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED War 24, 1936 Josepha God Registrar.	(Signed) Parks of Temperature (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
U4D 2 1000			
Other contributory causes of importance: S.	l .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH	717
1. PLACE OF DEATH		
County 1 well	Registration Dist. No. 29	/
Village or City Williams	No. St	Ward
langth of residence in city or town where death account	death occurred in a horpital or institution, give its NAME instead of street and num	mber)
A . P 1	ds. How long In U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME Tessee Cosp	If U.S. Veteran specify WAR	******************************
(a) Residence: No. (Usual place of abode)	St., Ward.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7-emale 6 al 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 (Month) (Day)	193 C (Year)
5a. If married, w'dowed, or divorcad HUSBAND of (or) WIFE of Perry 6 ooke	22. I HEREBY CERTIFY, That I ettended dec	
6. DATE OF BIRTH (month, day, and year) Max 19 - 1857	I last saw here eliva on Cot 25 , 1956;	doath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 123 miles.	Jeath 12 2aid
78 8 /> 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or partiaular	A	Date af anset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmay +	148
work was done, as SILK MILL,	1 7 51	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month end yaar) 11. Total tima (years) spint in this occupation.	Telestural !	Lund
7.11 + 0	Other Cautributary Causes of Importanca:	
12. BIRTHPLACE (city or town) / 2002 (State or country)	9. 0	
I 13. NAME Jana loah	munit amen	
13. NAME tona Cooper 14. BIRTHPLACE (city or town) William (State or country)	Neme of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an au'c	ODSV?
15. MAIDEN NAME Herber Johnson	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Herby Johnson 16. BIRTHPLACE (city or town) Jacobrat le	Accident, suicide, or homicide? Date of Injury	., 19
(State or country)	Where did injury occur?	
17. INFORMANT (Address) Wittman Su	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, GREMATION OR REMOVAL Place The Downel Date Now 4, 1936	Manner of injury	
19. UNDERTAKER July aman Manhay (Addiess)	24. Was disease or injury in any way related to occupation of deceased?	٠
20. FILED ROD A 1936 John Huwoles Registrar.	(Signed) (Address)	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1936	July 5,1927	Peritonitis	3 days ago
BUXGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Talbot	Registration Dist. No. 241
Village or City St. Muckaels	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 23_yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah & Dadds	
(a) Residence: No. At Michaels and	St. Word
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEN 4. COLOR OP, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH W
OR DIVORCED (write the word)	100. 10 ,193.6.
I. If married, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
HUSBAND of Ezokea Dadde	22. January 1935 to 2007 10 1936
6. DATE OF BIRTH (month, day, and year) Nov 29 1568	Vigst saw h. enalive on Nov. 10, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5
69 11 18 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BDOKKEEPER, etc.	
SAWYER, BDOKKEEPER, etc.	Chronio Hepturto
kind of work done, as SPINNER, Novel Corp. SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and spenting this work).	Control
10. Date decessed last worked et this occupation (month and 1929 11. Total time (years) spentin this	
this occupation (month and yaar) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) deserve Chine County	Of about
(State or country)	- Mome minus 3 yrs
13. NAME James Skinner annea E	
14. BIRTAPKACE (city or town) Queen annea Costate or country)	Name of operation Date of Was there an au'opsy?
6 1 8 1/1	23. If death was due to external causes (VIOLENCE) fill in also the following:
Duran armente	
2 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Gelia Dadde (Address) At michaela mu.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Aft meller me	Manner of injury
Place St. Michaels Data Nov 12, 13.	Nature of injury
19 UNDERTAKER Newnam & Harrison	24. Was disease or injury in any way related to occupation of deceased? 120
(Address) At muchalle mo	If so, specify
20. FILED HOW 10 1936 John Huwales	(Signed) 54 M.D.
Registrar.	(Address) Umales / 111a.

AARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritispec 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	119
Village or City Treas Easton Ind	Registration Dist. No. 2 1 0 No. 1 St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
1/14	sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH VOV 19, 193 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased fr 22. 1 HEREBY CERTIFY, That I attanded deceased fr 1936, to 2007/19, 193
5. DATE OF BIRTH (month, day, and year) 2/8/36 7. AGE Years Months Days If LESS than I day,hrs.	I last saw h 2000 alive on 2000 19 , 19 36; death is so to have occurred on the data stated above, at 6,309 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	ware as follows: Dearlie a Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
12. BfRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
1 13. NAME Albert Form	
f3. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. 200 Data of 200
(State of Security)	What test confirmed diagnosis? Was there an autopsy? 22 23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO THE STATE OF	Accident, suicide, or homicide?
17. INFORMANT Albert Forman (Addrass) Endow R. S.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Comparative Data 1/2/, 19 3	Manner of Injury
19. UNDERTAKER ALLES CAPETON STORY	24. Was disaase or injury In any way related to occupation of daceased? 200
20. FILED 11/20, 1936 11-A Plessus. Registrar.	(Signad) M Subtes N (Address) Agastage Magastage Magasta

V. S. No. 1

item of infor-

stated EXACTLY. PHYSICIANS

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAIN

) -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis DEC 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUCEAU V. S		• -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

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Example I	=	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis ry 1026	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR FURTI	MER STATEMENTS BY PHYSICIAN
----------------------------	-----------------------------

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County____/__/ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred If U.S. Veteran specify WAR..... PERSONAL AND STATISTICAL PARTICULARS Exa 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DNORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Days If LESS than 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 10. Date deceased lest worked at this occupation (month end that spent in this oc upation _ = 12. BIRTHPLACE (city or town) ARGIN (State or country) HER FATE See 14. BIRTHPLACE (city or town) ____ Name of operation. in plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town) (State of country) Where did injury occur? ___. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT C very

Registration Dist. No. How long in U.S. if of foreign birth? _______ wrs. _____ mos. ____ ds. If nonresident give city or town-and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) ERTIFY. That I attended deceased from Date of onset

LION 19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury.

If so, specify

(Address)

24. Was disease or injury in any wey related to occupation of deceased?__ 25-16

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago
Other contributes of its desired			
Other contributory causes of importance:		Other contributory causes of importance:	- 45
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11722
1. PLACE OF DEATH,	(108)
County Tallist	Registration Dist. No. 290
Village or City Gaston	No. Gmergency Hospital St., Ward
Length of residence with or town where death occurredyrs,mos.	death occurred in a horpital or institution give its NAME instead of street and number) ds. How long in U.S. if of Wraigp birth?
2. FULL NAME Mr. His hard C. Holled	all If U.S. Veteran specify WAR World War
(a) Residence: No. Castan Maculand	St., Ward.
(Usual place of alyode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White Prayried (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Waisy King Hollyday	22. 1 HEREBY CERTIFY, Thet I attended deceased from 1936 to 100. 17 1936
6. DATE OF BIRTH (month, day, and year) Nov. 13, 1859	I last saw has alive on Nov. 17 , 1926; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 2:47 Acm.
77 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance ware as follows:
8. Frada, profession, or particular kind of work done, as SPINNER LETERS SAWYER, BDOKKEEPER, atc.	
9 industry or business in which	Joba Gneumonia 11-13-76
work was dona, as SILK MILL, laval Office	
- I spent in ting	
yaar) occupation Te	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME (Little of Country) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete of
(Stata or country)	What test confirmed diagnosis? X Cary Was there an eutopsy? 10
IS. MAIDEN NAME Mary Etta Powell	23. if daeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Etta Toccell. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT Read Thatlefold (Addrass) A Muchael of Minds	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOV) Troval Creentery Vo	Manner of injury
Place Date Date 11/2/ 1936	Nature of injury
19. UNDERTAKER JASSIS GL. Ofugu	24. Was disease or injury in any way related to occupation of dacaasad?
(Addrass) to conclose med,	It so, spacify
20. FILED 11/26 , 1936 1 . The Registrar.	(Signed) Water M. D. (Address) Stor M.
A Communication of the Communi	

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 77 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			1 year

ARGIN RESERVED FOR BINDING

	County DEAT	nt	100 H		Registration Dist. No. 290	1
	Village Dr City	or town where deat	h occurred	(li	death occurred in a hospital or institution give its NAME instead of street and number ds. How long in U.S. If of foreign birth? yrs. mos.	(Ward
	FULL NAME	Hurl	(Usual place o	Mesa	CR If U.S. Veteran specify WAR	
232	PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. 8	male w	hete		RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Dey) 193	(Year)
5a.*	f married, widowed, or divorce HUSBAND of (or) WIFE of	ed			22. I HEREBY CERTIFY, That I ettended decee	sed from
6. [ATE OF BIRTH (month, day,	end year) Nov	. 22.1	936	Hast sew h. M. Sitve allow MN 22, 1936; dea	th is sei
7. /	GE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onsei
TION	8. Trade, profession, or part kind of work done, as SAWYER, BDOKKEEPE	icular SPINNER, ER, etc.			Still Berth	
CCUPA	9, Industry or business in w work wes done, as SIL SAW MILL, BANK, etc	vhich _K MILL,				
000	10. Date deceased last worke this occupation (montly year)		11. Total tid spen occu	me (years) tin this pation		
12.	BIRTHPLACE (city or town)	muzeu	es It	opetal	Other Contributory Causes of Importance:	
œ	(State or country)	Od Olm	Ina	N,	¿ Julge (Yaneal Hernorthe	
HER	13. NAME M. Perr	of pach	11/1	Lasure		
FAT	14. BIRTHPLACE (city or town (State or country)	n) Chaf	clans	nel	Name of operation Date of	
HER	15. MAIDEN NAME PARA	1.11.	1	10/2/1000	What test confirmed diagnosis?	y?
MOTH	16. BIRTHPLACE (city or town	n) Camb	lidge	e de la constante	Accident, suicide, or homicide? Date of injury,	19
	(State or country)	of Lille	in Me	wik	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	(Address) BURIAL, CREMATION, OR, REI	Ro	Date //	123,1936	Menner of injury	
19.	UNDERTAKER W. 1	4. Nol	Dia K	Son	24. Was disease or injury in any wey related to occupation of deceased?	
	(Address)	neetr.	m	d .	If so, specify	

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UEC 7 1936	July 5,1927	Perilonitis	3 days ago
. BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH A A	CERTIFICATE OF DEATH 11724
County dalson	Registration Dist. No. 2 90
Village or City. Caston (II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s., 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME GATE 6. Moran (a) Residence: No. 4000 Cathedral and (Usual place of abode)	11 U.S. Veteran specify WAR. 7 Wat, Ward. Washington D.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB DIVORCED (write the word)	21. DATE OF DEATH Wentley 6 th (Par) (Year)
5a. If married, w'dowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sew h is alive on NOO 15 th, 1936; death is said to have occurred on the dete stated above, at 15 m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related pauses of importance were as follows: Out of order to the principal of the principa
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Confirmed by autofay)
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete
	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. PURIAL, OREMATION, OR REMOVAL Place Charles for S. Date 11/9 19.36	Manner of injuryNature of injury
19. UNDERTAKER DALLING Spence. (Addisest) Eagle 1971	24. Wes diseese or Injury in any way related to occupation of deceased?
20. FILED 17-1, 1956 1. W. / Lewis Registrar.	(Address) Easter M.D.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Example I	Par /	Example II	
The principal cause of death and related c of importance were as follows:	C2 100	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
	J 4 6		
$-\lambda$	100 B	to the second	
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2.	
		*	7
			.1.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 15	930 July 5, 1927	Peritonitis	3 days ago
BUREAU	V . 200		
Other contributory causes of importance	8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

4 8 4	STATE OF MARYLAND	CERTIFICATE OF DEATH 11727
infor- state	1. PLACE OF DEATH	93-0 Dr 1930
should f OCC	County Call	Registration Dist. No. 290
shoo of C	Village or City Control Production (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
. 70		ds. How long in U.S. i1 o1 foreign birth?yrsmosds
Every ICIANS tement	+2. FULL NAME Margaret a Nied	If U. S. Veteran, specify WAR
0.30	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RIExact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RI X.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // 24 193.6
TT I	5e. If married, widowed, or divorcad	(Month) (Day) (Year)
MANEN X A C T I classified.	(or) WIFE of love a Reed Deed Deed	22. I HEREBY CERTIFY, Thet i attended accessed Iron 1986, to 237, 1926
- proof 6	6. DATE OF BIRTH (month, dey, end yeer) 6/4/52	I last saw h_Q-c alive on
IS A PE stated E properly certificate	7. AGE Years Months Deys II LESS then I dey,hrs.	to heve occurred on the date stated above, at 200 m. The PRINCIPAL CAUSE OF DEATH and releted causas of importance
	8. Trade profession or particular	were as follows:
HIS be be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral humanisse "/3/3
K—T nould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc 10. Date decessed last worked et this connection (month and	
it shall	0 10. Date decessed last worked et this occupation (month and spant in this	
	yeer)	Other Contributory Causes of Importance:
DID So ucti	12. BIRTHPLACE (city or town) (Stete or co(nfry)	60 a grand delist
VFA VFA plied rms, nstr		19.3
7 0 1 4 1	13. NAME 14. BIRTHPTACE (city or town) (State or country)	Name ol operation Date of
F 5 5	(Stella of Country)	What test confirmed diagnosis?
W refu in tant	15. MAIDEN NAME Mariella Crekery 16. BIRTHPLACE (city or town) (State or country)	23. Il death was due to externel causes (VIOLENCE) fill in also the loilowing:
Ca Ca	O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
PLAKEY, WI nould be careful OF DEATH in p	17. INFORMANT Mary Riad Roops (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Neture of injury
WRIT mation CAUSE TION i	19. UNDERTAKER CALLEY & Special 1	24. Was disaase or injury in any way releted to occupation of deceased? 24.
Z B	20. FILED 11-25, 1936 M. Merica Registrat.	(Signed) M. I
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis DEC 7 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUBLAU V. S.			
Company para			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

Ti,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1036			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	F 1 1 4 1
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
,	1 ž			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	state UPA-		OF MARYLAND—	CERTIFICATE OF D	DEATH 11730
		1. PLACE OF DEATH		82-0	401
N	should of OCC	County Jallot	**************************************	Regist	tration Dist. No. 29/
Ž.	shol of O	Village or City Wittm		NDdeath occurred in a hospitalor institution, give its	St., Ward
		Length of residence in city or town where			irth?yrsmosds
	Every CIANS ement	2 FULL NAME Mary	6. Seek	•	
	AD. YSI stat	(a) Residence: No. O W	(Usual place of abode)	St., Ward.	resident give city or town and State
1	RECO. Fract	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
	T R.	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov	
J.G	T L ied.	5a. If married, widowed, or divorced	mynies	(Month)	(Day) (Year)
BINDING	MANEN A C T I assified	(or) WIFE of Samuel	A Sette	1 HEREBY CER	T f FY, That I ettended deceased from to Place 22, 1936
SIN	EX cl	6. DATE OF BIRTH (month, day, and year)	uly 29, 1856	I last saw here alive on More	22, 1936; death is said
	P P erly	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	4-A.m.
FOR	IS A PE stated E properly certificate	80 31	2 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and relative as follows:	ted causes of importance
	he s be r of co	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Umese sil.		
E	=	SAWYER, BOOKKEEPER, etc	voorusope	Ceretral hem	mors novs
S.R.	K-T hould may back	Kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		(lefx)	173
ESERVED	IN I		11. Total time (years) 60	4	
RI	NFADING I	year)	occupation	Other Contributory Causes of importance:	
GIN	DI. So ucti	12. BIRTHPLACE (city or town) (State or country)	2.	A Total	
RG	UNEA upplied terms, e instr		Willen	Summer	,
A	D 4 4	13. NAME HEURY 14. BIRTHPLACE (city or town)	Leaner	Nama of operation	Date of
	E 00	(State of Country)	July 1	What test confirmed diagnosis?	Was thera an autopsy? 2
	WITH efull in plant.	15. MAIDEN NAME Lugar	1 rovers	23. If death was due to external causes (VIDLE	NCE) fill In also the following:
	LINLY, WITT be carefully EATH in pla important.	15. MAIDEN NAME ALGORITHM 16. BIRTHPLACE (city or town)	101	Accident, suicide, or homicide?	Date of injury, 19
	Id be car DEATH y import	Stata or country)	lett.	Where did injury occur?(Specify	city or town, county and State)
	PLA hould OF DI	17. INFORMANT & Ours	Trecu	Specify whather injury occurred in INDUSTR	/, in HOME, or in PUBLIC PLACE.
	63 10	18. BURIAL, CREMATION, OR REMOVAL	vinace and	Mannor of Injury	
	WRITE ation s AUSE	Place Eaclon Md	Dale 157 24 19 36	Nature of injury	
н	WRITI mation SAUSI HON	19. UNDERTAKER Newmann	+ Harrison	24. Was diseasa or injury in any way related t	o occupation of deceased? 720
No.	n for	(Address) St. 72	uchaely md.	If so, specify	11-1-1-1
wi >	ż	20. FILED how 23 , 1936 Joh	n Hywales	(Signed)	T. STOPLE M. F
		If mor	Event Registrar.	(Address)	S. N.
		2, 11101	The state of addition of the Kestitrar,	agil It. Charles Street, Daitimore, Requesting "U.	J. 140. I.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALPEAN Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BINDING

RESERVED

V. S. No. 1

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PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

1. PLACE OF DEATH	3
County, allows	Registration Dist, No. 210
Village or City Caston In O.	No. Ward (If death occurred in a hospital of institution, give its NAME instant of street and number)
Length of residence in city of town where deeth occurredyrs	
2. FULL NAME S	MATHURING specify WAR
(a) Residence: No.	St., Ward.
	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Mall 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	
a. if married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) 700-16/93	6 1 last saw ham affection 200 16, 19. 86; death is said
AGE Years Months Days If LESS that	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillborn, - Dystoria 11.16.
kind of work done, as SPINNER, SAWVER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased last worked at his accuration (month and	
10. Oete deceased last worked at this occupetion (month end year)	
2. BIRTHPLACE (city or town) Emergence (State or country)	Other Contributory Causes of importance:
13. NAME JM, WM Smith Shockley 14. BIRTHPLACE (city or town) Addalors (State or country)	2
14. BIRTHPLACE (city or town) Addals So. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMEMIAS INSERBINI CLEMAL Bellio	23. if death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (14) 16. BIRTHPLACE (city or town) Budgelange (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ms Suphing Shorklen (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Continue to the pate 19 19	Nature of Injury
19. UNDERTAKER Wm Smith show	24. Wes disease or injury in eny way related to occupation of deceesed?
20. FILEO 11/16 1936 MA Noires	(Signed) M. C
Registra	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BUREA	U V. S.				
Other contributory causes of impo	rtance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT	stated EXACTLY.	properly classified. Ex	cortificate
MARGIN RESERVED FOR BINDING	3WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TOTAL
Yo. 1	WRITE PENINLY, W	-mation should be carefu	CAUSE OF DEATH in	TION is more impossible

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Talbot	Registration Dist. No. 294
	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
D 11 1 D.C. C	7
2. FULL NAME Wradford B. Sinclue	~
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) white manual	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Simulan	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 31 1857	I last sew h Malive on Wall and 1994; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Waterway SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and 100 2 (5 spant in this securation))	Styslulland Da Hout 1830 Long of Conferration Trans
year) / / occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Cymulus (State or country)	
13. NAME Tames Sinclair	
13. NAME James Sinclaw 14. BIRTHPLACE (city or town) Jackof Co	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth J. Blake 16. BIRTHPLACE (city or town) Talbor Co	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country) 17. INFDRMANT Cliner N. Sinclair (Address) Jilghman Ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLACE PLOV. 10, 1936	Manner of Injury
19. UNDERTAKER Meuriam & Darrion (Address) St. michaela Ind.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED VI 6 , 1936 97 Jackson Registrar.	(Signed) M. C. (Address) M. C. (Address)

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4.8.1				
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Example I			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis Cerebral hemorrhage	0 0	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	C Z 1930	July 5,1927	Peritonitis	3 days ago	
1 3112	CAU Y. S.				
Other contributory causes of i	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH, 11735
infor- state UPA-	1. PLACE OF DEATH	49:10
F 3.	County Talbot	Registration Dist. No. 290
R.E	Village or City Zaslow Und	NoSt,Ward
= 0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
Every CIANS ement	1 De B. 41	Chen If U. S. Veteran, specify WAR
	2. FULL NAME CATOLIALE VILLANIE LUA	St. Ward.
TYSI Y	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
RA PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Part .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
0 3 7	5a. If married, widowed or divorced	
O A A	HUSBAND OF CONTROL WIFE OF CON	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, end yeer)	I last saw h elive on; death is said
	7. AGE Years Months Days If LESS than 1 dev	to have occurred on the dete stated above, at 4000000m.
FOR IS A I stated properl properl	CO Lufuguer or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc	
E H d P d P P P P P P P P P P P P P P P P	9. Industry or business in which	Canal d Alma
ERVE VK-T) should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc	1931
o t a li	this country that the same of	
RES I AGE that	year) occupation occupation	Other Coutributory Causes of Importance:
ADING d. AG s, so the	12. BIRTHPLACE (city or town) (State or country)	
JARGIN REUNFADING supplied. AGI		
A D H 3 o	T .	Neme of operation Dete of
- 70	14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? Was there an eutopsy?
WITE efully in plai	15. MAIDEN NAMERILLE NOUS	23. If death was due to externel causes (VIOLENCE) fill in also the following:
L	15. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Dete of Injury, 19
Id be can DEATH	State or country)	Where did Injury occur? (Specify city or town, county and State)
y D d	17. INFORMANT	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
F-7 M	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
ITE on s SE	Place Las Lors Concl. Date 11/14 1936	Neture of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER James O. S. Benney	24. Was disease or injury in any way related to occupation of deceased?
No. 1	(Address) Eastone Throne.	If so, specify
N. N. N.	20, FILED 11/3 1936 7. St. Nevus Registrat.	(Signet) MAD M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wasco, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 7 1930				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY PHYSICIAN
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1936

BINDING

RESERVED

RGIN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5 ,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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